

STATE OF CALIFORNIA
DEPARTMENT OF PERSONNEL ADMINISTRATION
ESTABLISHING REEMPLOYMENT LISTS
DPA-016 (REVISED 3/98)

DATE:

1. **TO:** STATE PERSONNEL BOARD
801 CAPITOL MALL
SACRAMENTO, CA 94244-2010
ATTN: CERTIFICATION UNIT

FROM: NAME:

DEPT:

TELE:

2. EMPLOYEE TO BE PLACED ON LIST:

NAME:

SSA#:

MAILING ADDRESS:

TELE:

3. CLASS TITLE	CLASS CODE	SENIORITY SCORE	TIE SCORE SEQ.
(CLASS LEAVING ONLY)			

4. TYPE OF REEMPLOYMENT LISTS (CHECK THE APPROPRIATE BOXES)

☐ (C) SRL (subdivision)

_____ department _____

☐ (F) DRL (department)

☐ (H) GRL (all departments)

5. EFFECTIVE DATE OF REEMPLOYMENT LIST ELIGIBILITY

6. REEMPLOYMENT LIST TIME BASE ELIGIBILITY

☐ FULL TIME

☐ PART TIME AND INTERMITTENT ONLY

7. TYPE OF ACTION PLACING EMPLOYEE ON LIST:

MANDATORY PLACEMENT

S30 ☐ TERMINATION (19997.11)

A10 ☐ DEMOTION IN LEU OF TERMINATION (19997.11)

A11 ☐ INVOLUNTARY REASSIGNMENT (19997.8)

A03 ☐ CEA (19889.3)

PERMISSIVE PLACEMENT

S01 ☐ RESIGNATION (18903-04)

S02 ☐ IN LAYOFF SITUATION

S02 ☐ IN LIEU OF INVOLUNTARY TRANSFER

S70 ☐ RETIRED IN LIEU OF LAYOFF

A02 ☐ (VOLUNTARY DEMOTION (18903-04)

A02 ☐ (TRANSFER-SAME CLASS

A02 ☐ (TRANSFER-DIFFERENT CLASS

SPB PLACEMENT

☐ 19253.5

☐ 19050.7

☐ 19141

☐ 19062

☐ RULE 548.153

8. EMPLOYEE CONDITIONS OF EMPLOYMENT PREFERENCE

PERMANENT

FULL TIME

INTERMITTENT

TEMPORARY

PART TIME

INACTIVE

9. LOCATION(S)

SPB Use CERTIFICATION	SIGNATURE OF ORIGINATOR	DATE SENT TO SPB
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